**For Students**

Date: ----------------------------------

|  |  |
| --- | --- |
| Name of the Guest |  |
| Full Address of the Guest & Phone No |  |
| Relation with the indenter  |  |
| Marital status |  |
| Nationality |  |
| Purpose of visit |  |
| Arrival Date & Time |  |  |
| Departure Date & Time |   |  |
| Number of occupancy (Single/Double) |  |
| Type of Rooms (Normal/Dormitory) |  |
| Number of Room  |  |
| Remarks, if any: Recommendation from Student Affairs  | Signature of the Student with dateName of the Student………………………………………………………Department:…………………………………………………………………..Roll No & Hostel:…………………………………………………………….Telephone No:……………………………………………………………….. |

*Note:- Request for Guest House accommodation –(a) must be submitted to Students’ Affairs Section at least 3 (three) working days before the arrival of the guest, (b) For other than parents/legal guardians/outstation spouse, the same must be endorsed in writing /via e-mail by parents/legal guardians,(c) For more than 3 (three) nights/single room, must be accompanied by proper justification in writing and consideration of the same will be at the discretion of the Competent Authority, as subject to availability of rooms, one room is considered for accommodation of student’s parents/legal guardian/outstation spouse for a maximum of* ***3 nights at semi-official rate****.*

**FOR OFFICIAL USE**

|  |  |
| --- | --- |
| Room(s) allotted | Room No(s) |
| Period | From…………………………………………….To ……………………………………. |
| Category recommended | Official/Semi-official/Semi-private/Private |

Office Note:

Approval of the Competent Authority Signature of FIC, Guest House

 Date……………………………......

Date: --------------------------------

|  |  |
| --- | --- |
| Name of the Guest |  |
| Full Address of the Guest & Phone No |  |
| Relation with the Indenter  |  |
| Nationality |  |
| Purpose of visit(Please enclose copy of official letter(s), if applicable) |  |
| Arrival Date & Time |  |  |
| Departure Date & Time  |   |  |
| Number of occupancy (Single/Double) |  |
| Type of Rooms (Normal/Dormitory) |  |
| Number of Room  |  |
| Source of payment (Official/personal) |  |

|  |  |
| --- | --- |
| Remarks, if any: Countersignature of the concerned HOD/HOS/HOS/HOC (in case the purpose of visit is official) | Signature of the Indenter with dateName :…………………………………………………………………..Designation:……………………………………………………….....Department:…………………………………………………………..Telephone No/email……………………………………………..  |

**FOR OFFICIAL USE**

|  |  |
| --- | --- |
| Room(s) allotted | Room No(s) |
| Period | From…………………………………………….To ……………………………………. |
| Category recommended | Official/Semi-official/Semi-privet/Privet |

Office Note:

Approval of the Competent Authority Signature of FIC, Guest House

 Date……………………………......